

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/030876	FILING DATE		
						APPLICANT(S)			
						CLAIMS			
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		1				51			
2		1				52			
3		1				53			
4		1				54			
5		1				55			
6		1				56			
7		1				57			
8		1				58			
9		1				59			
10		1				60			
11		1				61			
12		1				62			
13		1				63			
14		1				64			
15		1				65			
16		1				66			
17		1				67			
18		1				68			
19		1				69			
20		1				70			
21		1				71			
22		1				72			
23		1				73			
24		1				74			
25		1				75			
26		1				76			
27		1				77			
28		1				78			
29		1				79			
30		1				80			
31		1				81			
32		1				82			
33		1				83			
34		1				84			
35		1				85			
36		1				86			
37		1				87			
38		1				88			
39		1				89			
40		1				90			
41		1				91			
42		1				92			
43		1				93			
44		1				94			
45		1				95			
46		1				96			
47		1				97			
48		1				98			
49		1				99			
50		1				100			
TOTAL IND.		1	2			TOTAL IND.			
TOTAL DEP.		1	2	3		TOTAL DEP.			
TOTAL CLAIMS		1	2	3		TOTAL CLAIMS			